

THE
LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNÂ."

SATURDAY, DECEMBER 5, 1885.

Original.

MORBUS ADDISONII.*

BY J. W. IRWIN, M. D.

Mr. X, aged sixty-two years, of American birth, a merchant and manufacturer by occupation, was seen for the first time on the 28th of June, 1885. As he entered the consultation-room his gait was unsteady, his voice was tremulous, and he panted for breath. His face, neck, and hands were of a chocolate color, while the finger-nails and palms were slightly paler than normal. His eyes were pearly-white and suffused. His sight was so much impaired that, even with the aid of spectacles, he was unable to read a sign fifty feet in the distance, the letters of which were fully two inches in diameter. He complained of loss of strength and shortness of breath, and on the slightest exertion, paroxysms of cough without expectoration. Of late he had been having attacks of headache and constant hyperesthesia of the scalp over the seat of pain. During the past few months he had been feeling quite drowsy, and when not engaged in conversation would fall into a heavy sleep. For several years past he had been troubled with acidity of the stomach, and lately loss of appetite. At times during the past year his hands became so jerky and tremulous that he could not use the pen, and within the last few months this trouble has been increasing. His sleep was unrefreshing and often attended by troubled dreams. In the night, soon after going to bed and falling asleep, a singular hallucination would befall him, which was, that he had two throats; but this phenomenon would soon afterward pass away as his sleep became more sound. The parts of the body not exposed were of a brownish-yellow color and his skin was dry and slightly wrinkled.

The abdomen was enlarged and tympanitic. The hepatic dullness was found to be increased, but the liver was smooth on the surface and not tender under pressure. The splenic dullness was also somewhat increased. The heart and lungs did not show any sign of disease. There was not much loss of flesh. The temperature in the axilla was 96.6° F. Respiration was forty-five to the minute and very shallow. Pulse seventy per minute and easily compressed. The bowels were opened regularly, but the feces were of a light gray color.* Mild cholagogues were given, and the color of the skin and that of the feces improved. Food, easy of digestion and of the most nutritious kind, together with alteratives and tonics were prescribed for the patient, and during the first week thereafter the appetite and digestion improved, but his strength rather diminished. At the end of this time, in consequence of a sleepless night caused by anxiety, his appetite failed and he soon became much weaker. He was now obliged to remain in bed the greater part of the time. His respiration increased in frequency, and often after turning over in bed was as high as sixty per minute. The drowsiness became more marked and he grew more feeble until the 29th day of September following, when, all of his forces being completely exhausted, he died.

During the last four or five weeks preceding his death he suffered no pain. His stomach toward the last became quite irritable, and he had a few attacks of vomiting, but liquid food was generally well borne, and of this he took a moderate supply and some stimulants. He had very little fever at any time. Twice only did the thermometer indicate 101° F., and this temperature lasted but for a few hours at a time, but it generally ranged from 96° to 98° F. The medication throughout consisted of alteratives and tonics, which was found to be very un-

*Read at a meeting of the Louisville Medico-Chirurgical Society, November 13, 1885.

*Kidneys were healthy.

satisfactory, as it did not appear to influence in any way the course of the disease.

His early history showed that at the age of twenty-five it was thought he would fall a victim to consumption, having probably inherited the disease, and had several hemorrhages, but out-door life, conjoined with the use of cod-liver oil and whisky, proved a healing power for him, and he became quite strong. His health remained good until a few years ago, at which time he was exposed to much dampness at his place of business in consequence of the great flood in the Ohio, when he had a severe attack of malarial fever. He had two sons and one daughter, who died of consumption before the age of twenty-two years.

Having thus given a brief account of a case of Addison's disease, it is not my purpose in the few remarks that I have to make to offer any thing new or hypothetical, but merely to add one more to the list which goes to show that tuberculosis is the chief cause of this incurable affection. The changes which take place in the supra-renal capsules and trophic nerve ganglia have been found by careful observers to present macroscopically and microscopically all of the characteristic appearances of tuberculosis. The morbid anatomy and specific history in nearly every instance agree. In the history of the case just reported I believe to this rule we have no exception. It is to be regretted that an autopsy could not have been obtained. A better name, and one not so liable to render the pathology of the disease so obscure, would be tuberculosis of the ganglionic nervous system.

LOUISVILLE, KY.

TUBEROULAR MENINGITIS.

REPORT OF A CASE—RECOVERY.

BY JAMES WEIR, M.D.

A short time since one of our morning papers had a lengthy account of two remarkable cases of hysterio-epilepsy, evidently dictated by the doctor in charge. These children "barked like a dog," stood on their heads, and did a thousand and one odd and uncanny antics. The report was evidently an advertisement and the writer a romancist of the Baron Munchausen type. One of the children died some weeks after the first manifestations of disease, and the other soon after came under my care. The following is the history of the case:

When I saw the boy and noticed the peculiar expression of his eyes, I was irresistibly reminded of a case of like nature which I had seen with Prof. Janeway, in 1879, in Bellevue Hospital. I hardly needed the history of the case, as detailed by the mother, to formulate my diagnosis. The peculiar cry, the look, complexion and all, pointed to meningeal trouble. All who have seen meningitis, especially basilar meningitis, know the picture that met my eyes. I made a most careful examination, and by exclusion ruled out typhoid fever, malaria, cerebro spinal meningitis, spinal irritation, myelitis, etc. The boy had been ill twelve weeks when I was called in (September 24th). His mother told me that five or six of his uncles and aunts on her side and his father's side had died of phthisis. I diagnosed the case tubercular meningitis, and told the mother that I could give her but very little hope. He had one chance in a hundred (I might have said one chance in ten thousand) of getting well. To make assurance doubly sure I took Dr. Henry Pusey to see the case, who agreed with me in my diagnosis; also Drs. Henderson and Higginbotham. Dr. Higginbotham has been with me during the treatment of the case, and I must here thank him for his very valuable counsel and assistance. In this boy's case the four stages, as defined by Whytt, were well marked, if the history as detailed to me by the mother can be relied upon. The first, or prodromatic stage, was scarcely noticeable. The second stage, or stage of excitement, was well marked. The third stage, or stage of depression (at which period I was called in), was peculiarly typhoid in its general symptoms. The fourth stage, or stage of recurrence, lasted only five days. In 1879 I was fortunate enough to see several cases of tubercular cerebral meningitis with Prof. Janeway. I am certain that I can not be mistaken in my diagnosis. For if tubercular meningitis, as described by Robin, Bouchut, Whytt, Hammond, and other authors is tubercular meningitis, this boy was most emphatically afflicted with this disease. The hydrocephalic cry, the *tache cérébrale* (cerebral stain) of Trousseau, the dicrotic pulse, the irregular respiration, etc., were all present.

I followed the practice of Niemeyer (Dr. Higginbotham agreeing) and put the patient on iodide and the bicarbonate of potassium. His diet was that which is so heartily recommended by S. Weir Mitchell, and which I have found to be so efficacious in almost

every trouble of the nervous system, that I direct nothing else—milk, skimmed milk. In the stage of depression a small amount of whisky was given. During convalescence a pill of quinine and strychnine was administered, but discontinued after a few days, as we found that it unduly excited the patient. The boy is now well, and will probably live until pulmonary consumption or some intercurrent malady "cuts the frail thread that binds together the present and the everlasting." If an autopsy be then held upon him, the basilar meninges will be found to be thickened several lines and the structure of the membrane radically changed. This is a conjecture which in some future day may be verified. The boy was under my charge during the space of four weeks. Altogether his illness lasted sixteen weeks.

LOUISVILLE, KY.

Miscellany.

A NEW THEORY OF MENSTRUATION.—The London Medical Times, June 20th, says that Dr. Loewenthal, of Geneva, publishes in the *Archiv. für Gynäkologie* a very long paper, in which he propounds a new theory of menstruation. His propositions are the following:

1. The periodical bleeding from the female genitals is not the consequence of (though mostly coincident with) the bursting of a Graafian follicle; but that of the disintegration—independent of, and preceding the bursting of the follicle—of the uterine decidua.

2. The production of the menstrual decidua is the result of the embedding in the uterine mucosa of the ovum, unimpregnated, which was last discharged from the ovary.

3. If the ovum be fertilized, the menstrual decidua continues to develop, and forms the decidua of pregnancy; if the ovum be not fertilized, it dies, and in consequence of its death, the decidua breaks down.

4. The bursting of the follicle and the menstrual hemorrhage have no other connection except that the conditions which cause and accompany the bleeding may determine the moment at which a ripe follicle bursts.

5. The connection between the bursting of the follicle and menstruation is not a necessary one. Each may occur indepen-

dently of the other. A follicle may burst without the formation of a menstrual decidua; and the hemorrhage, being the result of changes determined by the ovum last discharged, may occur without the bursting of a fresh follicle.

6. The periodicity of menstruation is dependent upon the duration of the extra-follicular life of the embedded but unimpregnated ovum. The deviations from periodicity depend upon the shortening or absence of this extra-follicular life.

7. Pregnancy takes places in an ovum which has been discharged from its follicle, generally at the last menstruation, and is in normal cases in the uterus, but in abnormal cases may be outside it. From this theory the author draws the following practical conclusions:

8. That the menstrual bleeding is neither a physiological function nor an accompaniment of one; but is a consequence, made habitual by innumerable repetitions, of a state of things artificially produced, viz., the non-impregnation and death of the egg; it has all the peculiarities and effects of other undoubtedly pathological hemorrhages.

9. It is increased and diminished by the same causes as other hemorrhages.

10. The hemorrhage accompanying the discharge of the menstrual decidua is to be regarded as harmless only if it takes place by diapedesis; if it is more active than this it is unnecessary, and if felt by the organism as a loss it is hurtful.

11. The degree of its injurious effect depends upon the relation between the amount of blood lost and the quantity and quality of the blood present in the body at the time.

12. In these conditions the indication is to check the menstrual bleeding, like any other, as much as possible.

13. For this purpose the means chiefly to be recommended are rest in bed and hot water injections.

14. On the other hand, idiopathic amenorrhea should in no circumstances be regarded or treated as a disease; it is only a sign that a function (ovulation) which is not necessary to life is, from some cause, not being fulfilled.

15. It follows from the author's theory, and from the observations of Mr. Lawson Tait, that in cases in which the anticipation of the menopause is indicated, salpingotomy, that is, partial resection of both tubes, should be performed instead of castration.

16. If for any reason castration has been

attempted, and it is found impossible to remove the ovaries completely, salpingotomy is directly called for.

Dr. Loewenthal's theory, and the reasoning by which he supports it, is certainly ingenious, whether it be correct or not, and for that reason we quote his paper.—*Medical and Surgical Reporter*.

NERVE-STRETCHING.—The foreign correspondent of the St. Louis Courier of Medicine says it is very improbable that during the next winter session the question of nerve-stretching will again be brought before the profession. Since the introduction of the operation, in 1872, at least twenty-three deaths have been recorded as resulting therefrom. The first operation of the kind was performed by Professor Nussbaum, of Munich, who stretched the brachial plexus for spasmodic contraction of the pectoralis major and flexor muscles of the left forearm of a soldier. There was also anesthesia on the dorsal aspect of the left arm. The operation was eminently successful. No spasm returned, the forearm and fingers could be flexed and extended at will, and sensation was restored. In 1875 Mr. Callender stretched the median nerve in a lad for a painful and ill-nourished condition of a stump following an amputation at the wrist. This operation was also followed by relief. When reporting the case in the *Lancet*, Mr. Callender asked the question: "Is the cure permanent?" and added, "the experiences of the operation from the few cases in which it has been practiced are too recent to enable us to reply to this question." We have now a sufficient number of cases before us to warrant us in reviewing and again considering the whole subject. It would appear from experiments upon the lower animals and from the results on human beings that stretching the sciatic nerve at least is often followed by serious myelitis of the spinal cord, and such myelitis is often fatal.

In the *Archives de Neurologie* for July an account is given of the changes produced in the spinal cord by stretching the sciatic nerve. The experiments were made upon rabbits. It was found that the central canal of the cord became distended with plastic exudation, and that there was congestion and capillary hemorrhage into the gray matter, especially in the posterior cornua. There was also proliferation of the nuclei of the neuroglia, and an increase of the connective tissue in the posterior cornu of

the side operated on, with a disappearance of the nerve tubules. A new net-work of connective tissue begins to be formed about seven days after the operation, and in a month's time there is decided atrophy of the posterior horn on the operated side. There is also thinning of the intra-medullary part of the posterior roots. The nerve cells in the anterior cornu on the operated side are less numerous and show signs of degeneration, and some of them actually disappear. These morbid signs are more obvious in the lumbar swelling of the cord, and they tend to disappear toward the dorsal region.

This being the case, the question arises whether it is justifiable to stretch the sciatic nerve for an affection such as sciatica. The lives of patients suffering from sciatica are not in danger, and nerve-stretching is not a certain cure, therefore we should hesitate before performing an operation which might possibly not be successful and which certainly would endanger life. Such considerations, though apparently trifling, are of great consequence to patients, as it is important that they should be assured that though an operation may fail, their lives will not be jeopardized. The same argument does not hold good for nerve-stretching in tetanus; for tetanus is pre-eminently a fatal disease, and a sufficient number of recoveries have followed stretching of the nerve in the injured limb to justify us in recognizing it as a legitimate mode of treatment. Most of the fatal cases of nerve-stretching recorded have followed stretching of the sciatic nerve. Anatomy shows that the cord is not so well supplied with blood in its lower part as elsewhere. This may perhaps explain why it is less able to recover from any serious injury to its lumbar enlargement.

NUTRITION AND GROWTH IN CONNECTION WITH PULMONARY PHTHISIS.—Dr. James, in an article on the above subject, concludes as follows (*Edinburgh Medical Journal*):

1. That phthisis tends to occur when the assimilative power fails, as indicated by the occurrence of it, or tubercle in the lungs, intestine, and brain at different ages, and that the development of the reproductive function, the disappearance of enlarged cervical lymphatic glands, and the growth of hair indicate a lessened activity in the vital processes in adult life as compared with early years.

2. On the general principle of the connection between supply and demand, we

may suppose that this assimilative power is to a greater or less extent dependent on functional activity of the part. This seems borne out by the fact, that in tall people with large lungs and with proportionately less demand for vital activity (*i. e.*, less loss of heat) phthisis is common, and also by the fact that as age advances the natural tendency to emphysema, by increasing the functional activity of the lungs, seems to render them less liable to phthisis.

3. This assimilative power, though in part dependent on functional activity, is *innate* as regards the individual. Of this we have evidence in the different sizes to which individuals grow, the functional activity being the same, and in the varying proneness to phthisis in individuals, the surroundings being the same.

ARTIFICIAL NIPPLES.—An argument against the use of artificial nipples, from an esthetic stand-point, is advanced by Dr. Parvin. Supposing, as claimed by some evolutionists, that the infant receives its first impressions and ideas of the beautiful in nature from its familiarity with the wavy outlines and beautiful contour of its mother's breast, with which its little face and hands are so constantly in contact in the act of nursing, we can conceive how the artificial substitute of a rubber shield or the nipple of a nursing-bottle would fail to convey these impressions. The professor thinks there is food for thought in this suggestion. *Medical and Surgical Reporter.*

A PROMINENT PRACTITIONER SUED.—Dr. A. E. M. Purdy, a prominent practitioner in New York City has recently been sued, and a judgment for five hundred dollars obtained by a patient whom he caused to be sent to the eruptive hospital, suffering from what the doctor diagnosed smallpox. The patient was sick only a short time, and on being discharged sued the physician for ten thousand dollars, claiming that the diagnosis was incorrect and that the disease was simply a dermatitis due to a preparation containing acetic acid coming in contact with the face.

TUBERCULAR CONSUMPTION—IS IT EVER HEREDITARY?—In a paper read before the New York State Medical Association on this subject (Boston Medical and Surgical Journal), Dr. H. D. Didama concludes:

1. That tuberculous disease is not inherited.

2. That if a special tendency to the disease be transmitted, the term liability better expressed the idea than the term tendency.

3. Many conditions, as poor and insufficient food, damp and impure air, stunted sunlight, and certain occupations, favored the development of the disease.

4. Two conditions are almost indispensable, abundance of bacilli and an inviting asylum for their development, whether it be an inherited or an acquired vincibility.

THE TREATMENT OF NIGHT-SWEATS.—Good results have been obtained in the treatment of the night-sweats of non-phthisical patients in the following manner: Two drams of chloral are dissolved in two tumblersful of a mixture of equal parts of brandy and water. The patient is bathed each evening with this solution, or night-clothing saturated with a solution and then dried is worn.

At the meeting of the New York State Medical Association, held at the Murray Hill Hotel, New York City November 17th, 18th, 19th, and 20th, the following officers were elected: President, Dr. E. M. Moore; Vice-Presidents, Dr. Wm. Gillis, Dr. H. C. Van Zandt, Dr. F. Hyde, and Dr. D. Guernsey; Recording Secretary, Dr. Caleb Green; Corresponding Secretary, Dr. E. D. Ferguson; Treasurer, Dr. J. H. Hinton.

POISONED BY WILD PARSNIPS.—Three children at Shenandoah, two girls and a boy, aged ten, eight, and four years, recently found and ate wild parsnips, and all were poisoned, the boy so seriously that for a time his life was despaired of.

HYPODERMIC injections of strychnine are recommended in cases of diphtheritic paralysis when iron tonics and constructive treatment seem of no avail.

DR. WILLIAM FROTHINGHAM, a prominent physician of New York City, was killed, November 18th, by the accidental discharge of a pistol.

THE National Conference of State Boards of Health will meet in Washington at the same time as the American Public Health Association.

DR. T. ADDIS EMMET, of New York City, has been elected an honorary fellow of the Academy of Medicine in Ireland.

The Louisville Medical News.

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THE HEAT OF FEVER.

In the presidential address before the Medical Society of London on the 19th of October, Dr. Miller Ord, President of the Society, presented some exceedingly interesting views upon the origin of the heat of fever; some curious experiments were related by Dr. Ord in the course of his remarks, made by him upon the temperature of growing cucumbers with a view of elucidating the subject under consideration. His theory of fever is that in health heat is used up in the process of tissue-building, that whenever disease attacks the system, and tissue-building is arrested, the heat continues to be formed as before but appears as fever. Not being able to find in the animal economy any facts to throw light on his theory, the doctor bethought himself to find them in the growth of plants. With this object, he tested the heat of growing cucumbers at different points from the stem to the blossom end of the fruit, by means of a very delicate thermometer. These readings he compared with the temperature of the hot-house in which he made his experiments as shown by a bottle of water alongside the fruit. The result was that a difference in

temperature of about one degree was found between the stem and the blossom end of the cucumber; that of the stem end being invariably the lowest, and the average from two to three degrees below the temperature of the conservatory as evidenced by the bottle of water.

Dr. Ord says that the air of the hot-house was loaded with moisture, and moisture was deposited in beads on the surface of the fruit; and that these facts oppose an explanation of the phenomena by the hypothesis of evaporation. Further, he would urge that the difference in the temperature of the fruit at various points in its length is against evaporation. For our part, however, we are not able to see that either circumstance is against evaporation; but rather both in favor of it. If the cucumber had been under water the processes of circulation would have produced a certain amount of transpiration. This occurring in even very dense moisture would have naturally resulted in lowering the temperature; and as the water is supplied to the cucumber from the stem, the lowering would have been progressive toward the opposite end.

The subject, however, is one of surpassing interest, and one feels it almost a reproach that so many hundreds of thousands of men have been brought to face the fact only to leave it almost as obscure as ever.

We think Dr. Ord is mistaken in the view that heat is stored away in the system in tissue-building or the metabolisms of the body; for this reason, that none of the tissues thus formed upon combustion yield an excess of energy over the tissues out of which they are formed. In the vegetable kingdom alone occurs the storing of potential energy. Having contemplated the subject for many years, we are disposed to present our views upon the subject, although still very crude and unsatisfactory.

First the granules of protoplasm in the blood, or in their larger form of leucocytes, are the universal caterers of the system. That they transform and prepare all pabulum that goes to the tissues; and that when

the tissues, by any injury or by any natural change, are made foreign material, the ameboid substance of the blood seizes and digests them, appropriating such portions as are fit to be used again for purposes of nutrition, and giving up the rest to be oxidized for the production of heat.

That the cells of the system have each their life period, and that while they retain their vitality they are free from attacks from ameboid protoplasm, probably by reason of their electric or magnetic condition.

That when fatal injuries, old age, or decay, overtake the cells, they are then subject to such disposition. That old age of the cells can be hastened by fever and possibly by starvation of the body, or much exercise. That the duration of the life-period of the cells determines mainly the regularity of the heat of the system.

That the excessive destruction of the cells of the system, from whatever cause, leads to their being devoured by the leucocytes and the ameboid protoplasmic granules, their subsequent oxidation and the production of fever.

That the nerves may influence fever by withdrawing their influence from tissues, thus rendering them foreign substances, by such interference as will reduce the conducting power of the tissues as regards the countless electric currents that traverse them, causing them thus to present greater resistance to such currents, and evolving thereby a greater degree of heat; which heat, however, must be primarily due to oxidation of tissues.

That quinine, antipyrine, thalline, carbazotone, and all that class of agents lower fever by acting as protoplasmic poisons, benumbing the leucocytes and leucocyte substance in the blood, thus preventing them from disintegrating the crippled tissue cells and supplying extra material for the production of fever.

The subject is one of infinite complexity, and we do not present these as conclusions, but merely as our share of suggestions for

the direction of inquiry in one of the most interesting and difficult departments of knowledge. S.

FEMALE PHYSICIANS AND INSANITY.

It appears from the census that in the year 1881 there were twenty-five women practicing medicine in England, and it is believed the number has increased from that time. From 1880 to 1884, eight had been placed in lunatic asylums, and at the close of last year three were under treatment.

The above appears in the New York Medical Journal, credited to the *Lyon Medical*, with the comment that these statistics show the disastrous effects of medical studies on the intellectual faculties of women. It may well be questioned, however, whether women who enter upon the practice of medicine are not subjected to other untoward influences beside those which result from the medical studies alone.

Female physicians are, as yet, but pioneers engaged in the task of hewing out for themselves a sphere to occupy.

They find on every hand rooted prejudices; they are subjects of criticism and objects of curiosity, and meet with experiences at every turn to keep alive self-feeling and anxiety. If the position of female physicians were an assured and acknowledged one, there is little reason to believe that insanity would result from medical studies with any greater frequency than from other studies involving an equal amount of intellectual effort.

In America, where there is less of conservatism than in England, it has not transpired that there is found a notably greater amount of insanity among female than male physicians.

THE Cincinnati Medical Journal reports the case of a man who, having partially recovered from hemiplegia, was struck by lightning, and almost immediately regained complete power over the paralyzed side.

Bibliography.

Acne: Its Etiology, Pathology, and Treatment.

A Practical Treatise based on the Study of one thousand five hundred cases of Sebaceous Disease. By L. DUNCAN BULKLEY, A. M., M. D., Physician to the New York Skin and Cancer Hospital; attending Physician for Skin and Venereal Diseases at the New York Hospital, Out-patient Department, etc. 8vo, pp. x-280. \$2.00. New York: G. P. Putnam's Sons. The Knickerbocker Press. 1885.

This attractive book is a creditable addition of the author to the many able contributions already made by him to the literature of diseases of the skin. Dr. Duhring brings to the subject an amount of experience and study surpassed by few, and possesses the happy gift of presenting his views in an attractive style. From the statistics presented it appears that acne occurs in about ten per cent of all cases of skin diseases that come under treatment; and what at first blush seems curious is that the per cent is greatest among the higher classes and among women.

This seeming anomaly disappears, however, when it is considered that as acne is often merely a disfigurement which males and the poor submit to while the women and the rich seek relief.

The author in his statistics, as to some extent also in his views, bears out the popular idea that acne is mostly a disease of the unmarried, but suggests that here also the married may be less careful of treatment and that advancing age gives relief, whether in the married or single. Appended to the book is an extensive selection of formulæ, and an exhaustive bibliography.

D. T. S.

Letters from a Mother to a Mother on the Formation, Growth, and Care of the Teeth. By MRS. M. W. J., the wife of a dentist, Honorary Member of the Southern Dental Association, etc. Welch Dental Co., No. 1413 Filbert St., Philadelphia.

This little book is full of valuable information upon the subject of dentition in children; the author has avoided technicalities as far as possible, and thus the book, as is intended, is easily understood by the average reader. The suggestions as to the proper articles of diet for the pregnant mother is timely, and should be studied and heeded by all women who are bearing children, for by following those suggestions, viz., taking food that is rich in lime salts,

their offspring would have not only better teeth but also better bones, and thus many cases of rachitis might be prevented. (To this latter point the practical medical man might read the book with profit.) We heartily commend the book to all mothers as a guide to the proper care of their children's teeth.

R. B. G.

The Sanitary Relief of New Orleans. A paper read before the Medical and Surgical Association, October 31, 1885. By Joseph Holt, M. D., President Board of Health, State of Louisiana. Reprinted from New Orleans Medical and Surgical Journal.

Correspondence.

Editors Louisville Medical News:

On May 11, 1881, I was summoned to visit Mrs. T., an intelligent, vivacious widow, aged fifty-nine years. She stated that she was suffering from an attack similar to some she had experienced previously, and in one of which her physician had despaired of saving her life. She had violent paroxysms of pain under the false ribs on the right side. These pains would occasionally dart toward the stomach and give rise to nausea. The skin was cool, the pulse slow; the agonizing pain gave rise to cold perspirations, the eyes were slightly yellowed, and I diagnosed the case to be one of biliary calculus on the way from the gall-bladder to the small intestine.

Hypodermic injections of morphia, followed by half-grain powders of the same, gave speedier relief than ether or chloroform. This state of things, with intervals of slight pain, continued for ten days. I gave calomel, sweet-oil, etc., without benefit. The use of olive-oil gave rise to stools containing fatty concretions, which the nurse mistook for gall-stones. May 22d, symptoms of peritonitis appeared. The abdomen on the right side was tympanitic and tender and the pulse got quicker and weaker. May 24th, a messenger said my patient was dying. I found her taking a most pathetic farewell of her friends. Her mind was clear but she suffered intense pain. The abdomen was tympanitic in every part, but not so tender as I have seen it. The pulse was thready, intermittent, beating one hundred and thirty a minute.

I injected hypodermically one fourth of

a grain sulphate of morphia, with no hope but to give her a more painless demise.

She became easier, dozed a little, and eight hours after, at midnight, the pulse, when it could be counted at the wrist, was one hundred and fifty, often it could only be perceived at the elbow. Respiration was shallow, seven or eight to the minute, body cold; there was no pain, and the mind was clear. I regarded the patient as moribund and went home. Toward morning, however, she revived, called for wine and gruel, and in three or four days could sit up in bed.

On June 12th, while at stool, she heard something clink as it fell into the vessel, and, upon examination, found three gallstones, each about the size of a hazelnut, with smooth facets.

I suppose they had perforated the gallduct, caused adhesion of the intestine by peritonitis, penetrated the intestines and so were voided at stool. My patient is still alive and well. LEVI CHASE, M. D.

IRVING, KAS., Nov. 25th.

Translations.*

TENDON GRAFTING.—MM. Assaki and Fargin presented the results of their experimental researches on the grafting and regeneration of tendons. In their experiments on animals, these authors have transplanted portions of tendons among animals of different species; from sheep to rabbits, from dogs to rabbits, and from rabbits to dogs. These grafts have united by first intention. Seeking to extend their experiments they have grafted the tendons of birds upon mammalia, chick to rabbit, turkey to rabbit, duck to rabbit, rabbit to chick. These tendons, so grafted, cicatrized by first intention and preserved their normal resistance and mobility. They incline to believe, further, that ligatures of catgut facilitate the processes of regeneration. The very careful clinical and histological study which they have made of these regenerations in the laboratory of M. Duplay is replete of interesting practical results.

ORIGIN OF THE CHORDA TYMPANI NERVE. M. Vulpian communicated the results of his latest researches upon the origin of the glandular nerve fibers and the vaso-dilator nerve fibers which form a part of the

chorda tympani and of the glosso-pharyngeal nerve. All the fibers of known function of the chorda tympani proceed in reality from the facial nerve. The chorda tympani is not the product of anastomoses furnished to the facial nerve by other nervous trunks, it is veritably a branch of the facial nerve itself, and, with the exception of some rare fibers of anastomosis, it is subjected entirely to the trophic influence of the genicular ganglion. The fibers which the glosso-pharyngeal give to the parotic and the posterior part of the tongue emanate from the nerve where it leaves the medulla oblongata.

TWO SPECIES OF SENSIBILITY TO LIGHT. At the meeting of the Academy of Sciences, of Paris, October 26th, M. H. Parinaud presented, through M. Charcot, a note on the existence of two species of sensibility to light. The two modes of sensibility are in accord with the existence in the human retina of two kinds of nerve element; the cones, unprovided with purple, which receive directly from the luminous agent an excitation of a nature more specially physical, and the rods, of which the excitation is made by the intermediation of the purple, and which are subject to a process of a chemical nature. The cones give us two sensations simultaneously of color and brightness under the influence of homogeneous light; the rods give us only sensations of brightness.

ACTION OF COFFEE ON PRURITUS.—Dr. Brown-Sequard reported studies in relation to the action of coffee on pruritus ani and vulvæ. In two cases observed for many years, he had been able to observe a constant agreement between the ingestion of the one and the disappearance of the other; abstention from coffee caused the pruritus to cease entirely.

M. M. Duvall presented a note from M. Laulanié upon the regression of the ovarian follicles in the case of mammalia. Their vitellus is devoured in place by the migratory cells.

TEMPERATURE OF THE PARTURIENT WOMAN, AND OF THE INFANT AT BIRTH. M. Bonnal had studied the temperature in the case of the mother at the moment of accouchement, and of the infant at the moment of birth. The act of parturition does not in any manner necessarily result in an appreciable elevation of the temperature of

*From *La Progrès Medical*, November 14, 1885, by D. T. Smith, M. D.

the parturient woman. The degree of temperature ascertained after accouchement has no relation to either the duration of the labor, the intensity of the suffering, the age of the woman, or the time elapsing after the rupture of the membranes. Compared to that of the mother, the temperature of the infant at the moment of its birth is exceptionally lower than that of its mother, rarely equal, almost always higher. The temperature of the new-born declines rapidly after its birth.

THALLINE AND ANTIPYRINE.—M. Dujardin-Beaumetz, in regard to the communication made at the preceding meeting by M. Jaccoud on thalline and antipyrine, proceeded to refute in part the conclusions advanced by M. Jaccoud. These conclusions tended to establish that thalline is superior to antipyrine as an antithermic agent, but that the two agents exert no real therapeutic effect. M. Dujardin-Beaumetz is of the opinion that antipyrine is an antithermic superior to thalline, and, without being misled by ephemeral results which have been obtained, thinks that we ought not lightly to abandon a medicament susceptible of diminishing fever and procuring veritable relief for the tuberculous during their sudoral crises, for instance.

Selections.

THE KLEPTO-COCCUS.—We learn with pleasure that Professor Meandra has succeeded in isolating the bacillus of kleptomania. It has long been thought that this disease owed its origin to an organism of a snaky, elusive nature, which rendered detection difficult, but it remained for Professor Meandra to first demonstrate its existence. The difficulty was, of course, to obtain pure cultivations. At length Professor Meandra secured a magpie of well-known thievish propensities, and removing a small portion of its brain, under the spray, he began the first of his long series of experiments. The organism can be readily grown in beet-juice (prepared by beating beets and straining) or in cabbage infusion. It stains easily of a deep steel color. Under a power of eighty diameters this organism presents a hook-shape, thus ?, which gives it the name of Meandra's Interrogative Micrococcus; we would, however, suggest (with due deference to the professor's taste) the name of

hookey-coccus, both as more euphonious, and as applicable, no matter what position the organism may assume; it also indicates its character as well as shape. Injected subcutaneously into cats the effects of the hookey-coccus were remarkable. Several of these animals, let loose in a back-yard, were seen two days after to creep surreptitiously into some of the neighboring houses and kleptomize pieces of meat, fish, etc. While we can not quote the whole of this important article, we relate one interesting event. A quantity of beet-juice, in which a cultivation was far advanced, was spilled on the floor of the laboratory. Three days after the professor missed his pocket-book, watch, and other articles of value; it was also noticed that several houses in the place had been visited and valuables taken. Mr. Lestees, the professor's assistant, a man of the highest respectability, was also missing. Professor Meandra thinks he must have inhaled some of the dry dust from the spilled cultivation. There was much excitement when the affair leaked out, and, as there are two banks in the town, the people petitioned the mayor to prevent all communication between the professor and the cashiers. There is no doubt that an attenuated cultivation can be obtained, in which case the criminals confined in the prison at Moros will be vaccinated. We agree with this great investigator when he says, "the bacillus opens a wide field for thought—an almost unfathomable vista." "Many generations must pass," he continues, "before the last microbe is stained and mounted, drawn and photographed, and stamped with the name of its discoverer." "The next two hundred years will be known in history as the Microbian Age."—*The Birmingham Medical Review*.

ON THE LOCAL TREATMENT OF SYPHILIS. The practitioner may often be at a loss as to the most eligible method of combating the syphilitic intoxication. For even to the therapist, however well-versed he may be with the latest and most approved views on the treatment of syphilis, difficult questions may well arise. Is it possible ever to eradicate the syphilitic virus wholly from the system? Is mercurialization a *conditio sine qua non* to the cure? Is a constitutional or local treatment more effective? All these are questions which it would not be safe to answer categorically in one direction or in the other.

As to the local treatment of syphilis, there

is no dissension as to its value, or rather necessity, in certain forms of the affection. To have gathered and critically discussed all the various indications for a local medication of syphilitic affections is the merit of an exhaustive treatise written by Dr. J. Grünfeld, appearing in the *Wiener Klinik*, from which we abstract and condense the most important conclusions.

The objects of local treatment are cleansing and disinfection of the affected area, reduction of inflammation, and cauterization.

Grünfeld holds that cases of a light nature and recent standing do not require any local attention. To this class belong syphilitic (mucous) patches, papules, and nodes.

In extensive tissue-destruction, with ulceration and scab-formation, such as in rupia and allied ulcerative processes, topical applications are indispensable. The scales are to be saturated with olive oil or carbolyzed oil (acid. carb., 1 to 10 olei oliv.) until they soften and fall off spontaneously. Lukewarm baths have the same effect. The remaining defects yield then rapidly to a combination of the mercurial and the soap plaster. As to the treatment of the so-called wet papules, Grünfeld advances the following indications:

1. Removal of the purulent secretion from the diseased surface, obtainable through baths of lukewarm water, or through disinfectants, such as carbolic acid or chloride of lime. After the bath a disinfectant wash is necessary, with solutions of carbolic or salicylic acid, thymol, chloride of lime (one to two per cent), or sublimate (one to two per thousand).

2. Removal of inflammation from the affected skin-area. The part is to be covered first with medicated gauze, and then with cold compresses. Solutions of sulphate of zinc (one half to one per cent), chloride of zinc, alum, borax, acetate of lead, or even Goulard's extract, are eligible menstrua for the medication of the gauze.

3. To prevent the spreading of the affection. This can be effected by a thorough isolation of the affected skin-area by dry cotton.

4. The formation of a new integument, which is facilitated by astringent coverings favoring the generation of a new epidermis. Solutions of calomel (two to three per cent), chloride of zinc, chlorate of potassium, salicylic acid, and caustic potash, applied with a brush, will ordinarily achieve the desired effect.

5. Complete removal of isolated or con-

fluent papules by an energetic caustic, such as the sublimate (1 to 20-25, concentrated acetic acid), applied carefully with a brush, after which the part is covered with dry cotton. Labarraque's method (solution of chloride of sodium and calomel) or Zeissl's fluid (calomel and liquid chlorine) are also serviceable. After this procedure, the application of astringent drugs hastens the healing process.

The scurf and scales usually appearing on the head are to be anointed with oil or vaseline every evening, so as to induce their falling off. In the case of pustules appearing on other portions of the body covered with hair, a more energetic procedure, such as the application of ointments of oxide of zinc, bismuth, white or yellow precipitate, is necessary.

Psoriasis palmaris and plantaris require special and careful attention. In light forms of this affection covering with mercurial plaster alone suffices. Before changing the plaster it is well to cleanse the part thoroughly with lukewarm soap-water. In cases with thickened epidermis, which show little or no tendency to improvement, the sublimate-collodium (sublimate 1 grm., ol. ricini 2 grm., collodii pari 20 grm.) is to be painted on twice daily in two or three thin coats. In some cases ointment of white precipitate, oxide of zinc, or bismuth rubbed into the part daily, act well. The mercurial plaster is, however, more powerful, and scarcely dispensable in the ulcerative form of psoriasis. Still, in spite of the most careful and specialized local treatment, the healing process is not infrequently so tardy as to require a constitutional treatment.

In syphilitic onychia, Grünfeld recommends the frequent cutting of the nails and the filing off of protruding parts of them. The mercurial plaster will soften the thickened margins and scaly masses.

Of higher importance, and requiring a more energetic therapeutic interference, are the gummata. In the nodes and ulcers of a syphilitic nature the first therapeutic requisite is the careful removal of the scabs by lukewarm baths or ointments.

Experience has invariably demonstrated the advantage of adding sublimate to the lukewarm baths taken in the cure of syphilitic skin affections: 5 to 10 grams are usually added to the quantity of water required for an ordinary bath-tub, while for local washes of the body 1 to 2 grams suffices. Iodide of potassium, of course, can be similarly used. In fetid ulcers, Grünfeld

suggests the addition of thymol or carbolic acid. In diphtheritic processes the strong caustic remedies are indicated, such as nitrate of silver (the solid stick, or in solution of 1 to 10), sulphate of copper in a concentrated watery solution (1 to 5-10), calomel in concentrated solution of acetic acid (1 to 10-15-20), or, finally, the hot iron. In ulcers of a phlegmonous tendency, covering with the tar and plaster-of-paris powder, alongside of proper antiphlogistic measures, are recommendable after antiseptic washes of chloride of lime (one to two per cent), or carbolic acid (five per cent).

After having converted the ulcer into a suppurating wound, iodoform and the mercurial plaster are our greatest stand-by. The latter enjoys so great a reputation in these affections that it is not infrequently employed as a diagnostic agent in doubtful cases.

Iodoform may be applied in powder form or by means of gauze. Its advantages are chiefly the rarely-required change of the dressing and the quick-resulting cicatrization.

In profusely granulating ulcers the sharp spoon with subsequent aseptic dressing can not be dispensed with.

In the simple gummata of the skin, resorption through tincture of iodine or mercurial plaster may be tried.

In the progressed attenuation of the skin the yellow gummosis contents of the gumma has to be emptied by puncture, whereupon a suitable dressing is to be applied.

Passing to the syphilitic affections of the mucous membranes, Grünfeld emphasizes the necessity of local medication, especially as compared with the syphilitic products of the skin, which in the majority of instances require no local treatment.

In the affections of the mucous membranes of the mouth, Grünfeld recognizes two requisites, viz., the general care and attention to the part and the direct treatment. The first indication is met by mouth-washes composed of chloride of potassium, salicylic acid, permanganate of potassium (largely diluted), carbolic acid (one per cent), chloride of sodium, borax, and alum. The cleansing, however, ought not to proceed in the usual manner, but by the irrigator. Attention to the teeth by tooth-powders or suitable dental pastes is likewise a desirable object.

In the direct treatment of syphilitic mouth-affections the solid stick of nitrate of silver plays a principal rôle. Equally valu-

able are solutions of sublimate of 1 to 20-50 in ether or acetic acid applied with the brush; in some cases the tincture of iodine is also serviceable.

In slight affections of the mucous membrane of the mouth the glycerite of tannic acid sublimate in a one, two, or three-per cent solution, salicylic acid, or chloride of zinc recommend themselves. If pain be present, cocaine, of course, suggests itself.

In affections of the genito-urinal tract the solid nitrate of silver is likewise a most efficient remedy; in the rectum the ointments of zinc, morphine, or belladonna, applied before and after defecation, will be found very grateful. The most scrupulous cleanliness is imperiously indicated, and to avoid friction a cotton tampon is, with advantage, inserted in the rectum.—*Therapeutic Gazette*.

EXCISIONS OF THE JOINT AS A SUBSTITUTE FOR MECHANICAL APPLIANCES IN THE TREATMENT OF CERTAIN CASES OF INFANTILE PARALYSIS.—In a paper published in the New York Medical Journal, Dr. Ap Morgan Vance advocates this procedure, and reports three cases on whom he practiced this operation with happy results. He says:

The ailment known as infantile paralysis is, and always has been, the dread of the orthopedist. It is productive of almost half the cripples we meet, and is dreadful because of the meager results attained by treatment, most of the authorities now holding that all relief derived comes spontaneously, and the effects of treatment other than that to prevent deformity and to promote locomotion are nil. This has certainly been my experience so far in the effort to revive the muscles which are lost.

If we make apparatus strong enough to render constant breaking less liable, it will be too heavy for the weakened patient to manipulate at all, hence most patients soon discard braces, either because of this or from their inability to bear the expense of constant renewal. Deformity soon takes place, and, as the patient grows older and heavier, hopeless crippling is inevitable.

How many of these persons are daily seen on our streets! Some unable to help themselves at all, others showing every degree of deformity with more or less disability. The mechanical surgeon, therefore, is constantly on the alert for new suggestions toward treatment.

It has been suggested, I believe, in England, and in some cases acted upon, though

the results have not been reported, that the residue of the paralyzed muscles have a section removed, thus gaining by an inelastic band better control of the joint below. It has also been recommended, whether carried out yet or not I am unable to say, that in some forms of talipes calcaneus, for instance, the tendo-achilles be resected, thus gaining an inelastic band, as mentioned above. The third suggestion, and the one I have taken advantage of, is to excise the useless joint and produce bony ankylosis, thus doing by bone what we attempt to do by apparatus.

This seems at first glance to be very bold surgery, but, when we look first at the utter hopelessness of these unfortunates, and at the fact that the joints are alive and the bone in young subjects healthy, we may hope for less risks than when we get our prognosis from statistics of excisions where bone disease exists. The greatest difficulty is the gaining of the patient's consent. No surgeon should ever perform any grave operation which is proposed for convenience without making the patient cognizant of the risks he is undergoing. First, because it is not right; second, because if it fails, and the possibility of failure has not been explained, it renders surgery too unpopular in that neighborhood.

The authorities for this class of operations are very meager. In the latter part of 1881 I saw it mentioned in a journal that Volkmann had suggested this procedure for the knee and ankle where the muscles of the hip were left, and that four or five operations had been done, with what results I have not yet learned.

ELECTRICITY AS A THERAPEUTIC AGENT IN GYNECOLOGY.—Dr. Paul F. Mundé, in a paper on this subject, read before the New York Association of Medicine (Medical Record), gives the following as the indications for its use: Deficient development of uterus and ovaries; amenorrhea; dysmenorrhea, obstructive and neuralgic; superinvolution; subinvolution (with or without menorrhagia); hyperplasia uteri; chronic ovaritis and salpingitis; chronic cellulitis and peritonitis and lymphangitis; pelvic neuralgia, local and reflex; uterine displacements; erosions of cervix; uterine fibroids; ovarian tumors.

It was not his intention to make more than a passing mention of the tonic effect of the faradic and the sedative influence of the galvanic current on the general system

in the anemia so frequently accompanying utero-pelvic disease.

The author of the paper then discussed at length the use of this remedy in the above affections, and then gave the following counter-indication, that the rule to avoid it in all cases of acute or subacute inflammation of the pelvic organs about covered the ground, although there might be exceptions to that rule in instances of mild subacute cellulitis and ovaritis.

The conditions in which the two varieties of the electrical current act most beneficially were summarized as follows:

Faradism. Deficient development of uterus and ovaries; amenorrhea; subinvolution and menorrhagia; superinvolution; uterine displacements, and uterine fibroids (interstitial).

Galvanism. Hyperplasia uteri; chronic ovaritis and pachy-salpingitis; chronic cellulitis and peritonitis, and lymphadenitis; pelvic neuralgia, local and reflex; dysmenorrhea, neuralgic and obstructive; erosions of cervix; subinvolution, and uterine fibroids (subperitoneal).

The conclusions to be drawn from the experience detailed in the paper were the following:

1. Electricity locally applied was a valuable agent in gynecological practice, and should be more widely used than it was.
2. It did not require special knowledge or experience as an electrologist to be able to use the agent safely and beneficially in gynecological practice.
3. The remedy, if properly used and on correct indications, could not do harm.
4. It should be used only in chronic conditions, and if it was the galvanic current, should give no pain.
5. The conditions in which the faradic current was indicated were chiefly those characterized by deficient development or want of tone of the sexual organs, such as imperfect development of uterus and ovaries, superinvolution subinvolution, amenorrhea, uterine displacements, interstitial fibroids. The object of the faradic current was to stimulate the organs to increased growth or activity, and to produce muscular contraction.
6. The conditions in which the galvanic current was indicated were those in which it was desired to promote absorption of adventitious products, chiefly the result of previous inflammation; to allay pain, to excite reparative action, and occasionally to act as a caustic. The rapidly interrupted

galvanic current, however, also excited muscular contraction.

7. Perseverance in the treatment was essential to success.

8. Acute and subacute inflammatory conditions, as a rule, counter-indicated local treatment by electricity.

9. The pathological conditions in which electricity proved useful were such as those in which other treatment often failed or could not be borne by the patient.

10. In organic diseases a permanent cure, or a restoration of the diseased organs to perfect health, could usually not be accomplished by electricity, but great relief from pain, and certainly temporary improvement in otherwise intractable cases could be achieved by it without danger and with comparatively little discomfort to the patient.

RETROVERSION OF THE UTERUS.—While retroversion does not make a very brilliant clinic, it yet furnishes a most eminently practical one, for you will encounter one hundred retroversions to one laceration or ovarian tumor, and he who can successfully treat a retroversion has his future success assured, for one woman cured of this troublesome displacement will prove a life-long and valuable advertiser. In order that you may diagnose a retroversion, the fingers must be well pushed up in the vagina, as much as their whole length. Acute retroversion may be produced by blows or falls, and this condition is liable to occur after abortions or normal labor. We hear some men say that it is caused by getting up too soon after labor, but it is more frequently caused by too long retention of the prone position. A woman whose labor has been normal should not remain on her back after the first week. Subinvolution, from anemia and other factors, is a cause. Relaxation of the utero-sacral ligament will allow the os and cervix to tilt forward and the fundus to be thus retroverted. If this ligament holds its part in position, it will be seen that the fundus *can* not go back. When, by internal and external manipulation, we fail to find the fundus where it ought to be, having previously felt the cervix, we know that it is out of position. We will also have pain in the groins, because the uterus is pulling on the round ligaments, and also low down in connection with the utero-sacral ligament from the same cause. In this case he pulls the womb back into position with a tenaculum, and keeps it in place with a tampon satu-

rated with glycerine. Nux vomica is ordered to restore tone to the utero-sacral ligament. The bowels will be moved daily, and after the movement she will have an injection of cold water. Electricity will also be used to tone this ligament. When the womb is subinvolved, ergot will reduce its size. If anemic, she will be appropriately treated constitutionally. She will improve in a month (when a pessary will be substituted for the tampon), but it will take six months to make a cure, and maybe you can never cure. Be careful not to promise too much.—*Professor Parvin in Medical and Surgical Reporter.*

INTRA-PARENCHYMATOUS INJECTIONS IN PNEUMONIA.—If, says Lépine, an injection of a few centimeters of a very weak aqueous solution of corrosive sublimate be made into the hepatized lung on the third or fourth day of the disease, in three or four places equidistant a few centimeters from one another, and preferably at the periphery of the lesion, with a view of preventing the extension of the disease, the following phenomena are observed:

(1) At the seat of infection an immediate diminution of the crepitant râles and tubular breath sounds, which are in part replaced by respiratory silence and some larger râles; (2) sometimes, later, a transient exacerbation of the temperature of body; (3) the next day a great improvement in the general condition, and notably a precocious defervescence; and (4) a resolution which, to judge by the persistence of the "souffle," especially in the hepatized parts that have not been treated, takes place very much earlier than would have been the case under ordinary circumstances. As to the relative innocuousness of the intrapulmonary injections in the doses employed (twenty to twenty-five cubic centimeters of 1 in 40,000 solution of bichloride of mercury), when care is taken to keep away from the large vessels at the hilus of the lung, and not to penetrate the lung more than three to four centimeters, M. Lépine urges that he has not lost a single patient and has not had one accident. The only inconvenience is the pain, but this is not great, and may be still further relieved by adding morphine to the solution. After the introduction of the sharp needle, and before the syringe is fitted on, a few drops of blood are allowed to escape; the injection must not be delayed or the needle will become plugged. When the needle is in-

serted into healthy lung or into tuberculous lung it does not as a rule yield blood. In the healthy lung such injections produce sufficiently defined lesions. Experiments on the lungs of healthy dogs showed that at the site of injection of a rather stronger solution than that mentioned above, there was a circumscribed and indurated area, which was made of blood and congestive edema. The lesions were less marked with the 1 in 40,000 solution.—*Lancet*.

CEREBRAL EFFUSION DUE TO INTESTINAL WORMS.—It is well known that intestinal worms in children frequently produce convulsions and other cerebral symptoms. Vogel, in his work on *Children's Diseases*, mentions that, in a case where a child died with symptoms of acute hydrocephalus, no lesion of any kind could be discovered in the brain, death having been really caused by a mass of a hundred round worms, which had produced dilation and reddening of the intestine. A somewhat similar case is now reported in the German medical press. Two little boys in a family, under the care of Dr. Eichberg, were seized with what was supposed to be an infectious disease with gastro-intestinal symptoms. No satisfactory diagnosis was made, and one of the children died. At the necropsy, hydrocephalous effusion was found in both lateral ventricles. In the right hypogastric region a piece of intestine was seen, half a meter in length, of a deep red color. When this was opened, an immense conglomeration of round worms was found, which completely stopped up the intestine. There must have been a hundred of them, and, in addition, several more were found in different parts of the gut. There was no trace of peritoneal inflammation. The other child was now treated with calomel, jalap, and santonine, which brought away some twenty worms, and soon resulted in a cure. As an additional precaution, the whole family was dosed with santonine, with satisfactory results.—*British Med. Jour.*

NEW LOCAL TREATMENT OF ECZEMA AND OTHER CUTANEOUS DISEASES.—Dr. Gécé (*L'Union Médicale*) has recently made trial of the local treatment of eczema by ichthyol applied by means of a thin dressing of some sufficiently strong but pliable substance acting as an artificial epiderm, and at the same time combining medicinal treatment with the advantage of being able to be applied by the patient.

The dressing adheres without the use of a bandage, and is applied by simply moistening with warm water, and needs only to be renewed every three or four days.

In acute eczema and chronic eczema, especially that of the lower limbs, where the application affords methodical compression, and in prurigo and lichen, the first application has given favorable results. In psoriasis the results have been encouraging, but further experience is necessary to determine the real value of the remedy.

To apply the dressing, it should be permitted to rest for an instant upon warm water of a temperature which can be supported by the hand, and smoothly applied.

If any difficulty is experienced in removing the dressing, a corner should be raised and moisture applied by wetting both sides, when it will be found to come away easily. *Medical News*.

ABSCESS OF THE LIVER.—Dr. Hayes, in an article in the *Journal of the American Medical Association* on this subject, concludes as follows:

1. Always operate if a reasonable diagnosis is made out.
2. Anesthetics are not necessary in every case for this operation.
3. A free incision and a rational treatment warrant a more flattering prognosis, and a larger percentage of recoveries than our standard authorities lay down.

DOVER'S POWDER AND ITS MODIFICATIONS. Dr. B. W. Richardson (*Asclepiad*), after giving in brief the history of a case of "septicus pneumonia" (a term which he applies to pneumonia "induced by inhaling some toxic product from a cesspool"), says that in cases of that sort there is no such anodyne, no such soporific febrifuge, as Dover's powder. If he could envy any one as a therapist, he says, it would be the old physician who originally had the happy thought of blending astringent opium with relaxant ipecac, and both with a diuretic and laxative. He thinks it is often very good practice to modify Dover's powder by combining the one grain of opium and the one grain of ipecac with other salines than sulphate of potassium. True, Dover's powder, he continues, contains the nitrate as well as the sulphate of potassium—four grains of each in ten grains of the compound—and it often seems to him reasonable to revert to this form, nitrate of potassium, in small doses, being a good diu-

retic. He also often ventures upon other modifications; in acute rheumatic fever he usually substitutes sodium salicylate for the potassium salt; in gout, bicarbonate of sodium; in remittent febrile cases, two grains of quinine with five of sodium salicylate; and in quinsy and other febrile throat affections, chlorate of potassium.—*New York Medical Journal*.

BETA NAPHTOL IN THE TREATMENT OF SCABIES.—Josias has made a series of experiments on animals with naphthol to determine whether the case of Neisser's, where hemoglobinuria supervened when a child affected with prurigo was treated with it was or was not exceptional. Though both rabbits and cobayes died as a result of subcutaneous injections of an alcoholic solution of naphthol, none showed symptoms of hemoglobinuria. When dogs were similarly treated none died, and he concludes from his observations on these latter that naphthol can not engender serious accidents which may end in hemoglobinuria and death; and further, that naphthol in the doses employed in practice is an excellent remedy for scabies, and absolutely harmless. The ointment used consists of beta naphthol, fifteen parts; lard, one hundred parts; soft soap, fifty parts; and powdered chalk, ten parts. This ointment has given results incomparably superior to all other methods in the cutaneous affections to which dogs are so liable, and which are so obstinate. Itch, eczema rubrum, psoriasis, and auricular catarrh yield, as a rule, very rapidly to frictions with it. More than a hundred dogs have been so treated by M. Nocard; in some the general injunctions have been repeated for eight or ten days without any bad result even when dogs licked themselves. The efficacy of the ointment has seemed to be heightened when after its application the skin was moistened once or twice, at twenty-four hours' interval, with a two-per-cent solution of chloral.—*Annales de Dermatologie et de Syphiligraphie*.

ESSENCE OF PEPPERMINT AS AN APPLICATION TO BURNS.—*Nouveaux Remèdes* quotes the Australasian Chemist and Druggist to the effect that essence of peppermint, painted on a burn, causes the pain to cease at once.—*New York Medical Journal*.

KAVA AS A REMEDY FOR GONORRHEA.—Kava, a piperaceous plant indigenous to the Sandwich Islands, has been recommended

by Dupuy and Gubler (*France Méd.; Dtsch. Med.-Ztg.*) as a specific for gonorrhea and leucorrhœa. It acts as a diuretic, diminishes the inflammation, and allays the pain. It has the advantages over copaiba of possessing an agreeable taste and of not disturbing the stomach. Gubler mentions a gum and a crystalline principle, kavaline, as the active constituents.—*Ibid.*

IODIDE OF SODIUM IN THE TREATMENT OF SYPHILIS.—Arcari (*Gazz. Med. Ital. Lombard.; Med. Chron.*) reports a number of cases of tertiary syphilis in which rapid improvement was due to the hypodermic use of this drug in quantities of about ten grains four or five times a day. He recommends the simultaneous use of thirty grains by the mouth, with only two daily injections, in cases where an organ is seriously threatened from syphilitic deposits.—*Ibid.*

PHOSPHATE OF BISMUTH.—Fredenat (*Giorn. Farm. Napol.; Nouveaux Remèdes*) remarks upon the variable density of subnitrate of bismuth, and proposes the phosphate as a substitute, the latter being a stable salt. Its therapeutical properties are the same as those of the subnitrate, and it may be given in doses of thirty grains.—*Ibid.*

ARMY MEDICAL INTELLIGENCE.

OFFICIAL LIST of Changes in the Stations and Duties of Officers serving in the Medical Department of the United States Army, from November 22, 1885, to November 28, 1885:

Captain C. K. Winne, Assistant Surgeon, assigned to duty as Post Surgeon, Benicia Barracks, and Attending Surgeon at Benicia Arsenal, Cal. (S. O. 109, Dept. Cal., Nov. 20, 1885.) *Captain Walter Reed*, Assistant Surgeon, granted leave of absence for one month, with permission to apply for one month's extension, to take effect about December 1, 1885. (S. O. 115, Dept. Platte, Nov. 18, 1885.) *Captain Arthur W. Taylor*, Assistant Surgeon, granted leave of absence for one month, to take effect December 5, 1885. (S. O. 116, Dept. Platte, Nov. 20, 1885.) *First Lieutenant A. R. Chapin*, Assistant Surgeon, ordered for temporary duty at Fort Robinson, Nebraska. (S. O. 115, Dept. Platte, Nov. 18, 1885.) *Lieutenant-Colonel James Simons*, U. S. A. (retired), died November 11, 1885, at Baltimore, Md.

OFFICIAL LIST of Changes of Stations and Duties of Medical Officers of the United States Marine Hospital Service for the week ended November 21, 1885:

Yemans, H. W., Passed Assistant Surgeon, promoted to be Passed Assistant Surgeon from November 1, 1885 (November 14, 1885); reassigned to duty at San Francisco, Cal., November 16, 1885. *Mcintosh, W. B.*, Assistant Surgeon, appointed an Assistant Surgeon November 14, 1885, assigned to duty at New Orleans, La., November 16, 1885.